AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

City of Long Beach

I(we) hereby authorize City of Long Beach, hereinafter called Company, to initiate debit entries to my(our) _____ Checking Account / __ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository
Name_____   Branch_____

City_____   State__Zip_____

Routing   Account
Number_____   Number_____

This authorization is to remain in full force and effect until Company has received written notification from me(or either of us)of its termination. Written notification must be received by Company **NO LESS THAN SEVEN BUSINESS DAYS BEFORE TRANSMISSION DATE** of the next Entry.

Name(s)_____   ID Number_____

_____   _____

Date_____   Signature(s)_____

_____   _____

CONTACT PHONE NUMBER_____

AUTHORIZATION REVOCATION

I(we) request City of Long Beach (Company) terminate the authorization for the initiation of debit entries to my(our) _____Checking /_____Savings Account(select one). I understand that this notice must be received by Company **no less than seven business days before transmission date** of the next Entry.

Signature_____   Received by_____

Date_____   Date received by Company_____

If Entry is recurring, please provide following information:

Effective Entry Date_____   Dollar amount_____